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Fill in this information to identify your case:							
Debtor 1	Esmirna	Christina		Hondoy			
	First Name	Middle Name	;	Last Name			
Debtor 2							
(Spouse, if filing)	First Name	Middle Name)	Last Name			
United States Bankruptcy Court for the:		Ea	stern	District of Pennsylvania			
Case number (if known) 25-12126							

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
√1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
✓ 3. The commitment period is 3 years.
\square 4. The commitment period is 5 years.
☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Average Monthly Income								
1.	1. What is your marital and filing status? Check one only. ✓ Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11.								
10 va ex	Il in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the diried during the 6 months, add the income for all 6 months are tample, if both spouses own the same rental property, put the 0 in the space.	6-month period wand divide the total	ould be March by 6. Fill in the	1 thro result	ugh August 31. If the t. Do not include any	amount of your month income amount more	nly income than once. For		
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (befo	ore all	-	\$1,734.24				
3.	Alimony and maintenance payments. Do not include paym	_	\$0.00						
4.	4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.				\$0.00				
5.	Net income from operating a business, profession, or farm								
	Gross receipts (before all deductions)	\$0.00	Debtor 2 \$0.00						
	Ordinary and necessary operating expenses	\$0.00 -	\$0.00						
	Net monthly income from a business, profession, or farm	\$0.00	40.00	Copy iere →-	\$0.00				
6.	Net income from rental and other real property	Debtor 1	Debtor 2						
	Gross receipts (before all deductions)	\$0.00	\$0.00						
	Ordinary and necessary operating expenses	\$0.00	\$0.00						
	Net monthly income from rental or other real property	\$0.00	ψ0.00	opy iere →-	\$0.00				

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Debto	r 1	Esmirna	Christina	Hondoy		Case number (if known) 25-12126				
		First Name	Middle Name	Last Name						
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	•	
7. I n	terest, divid	lends, and royalt	ies			\$	0.00		_	
8. U	nemployme	nt compensatior	1			\$73	35.00			
D	o not enter t	he amount if you	contend that the amou	nt received was a ben	efit under				_	
th	e Social Se	curity Act. Instead	d, list it here:		\downarrow					
	For you			·····	\$0.00					
	For your s	spouse		······						
ui in S de ui e:	nder the Soc clude any co tates Goverr eath of a me nder chapter xceed the ar	cial Security Act. Act. Act. Act. Act. Act. Act. Act.	Do not include any amedian and an Also, except as stated in a sion, pay, annuity, or a sion with a disability, confirmed services. If you rean include that pay only ay to which you would other than chapter 61 of	n the next sentence, of llowance paid by the Unbat-related injury or of eceived any retired pay to the extent that it do otherwise be entitled it	lo not Jnited disability, or y paid pes not	\$	<u>60.00</u>		_	
t 3	not include a a victim of a errorism; or States Gove death of a m	ny benefits receive war crime, a crime compensation, per ment in connection.	es not listed above. Spewed under the Social Sewed under the Social Sewed under the Manity, or ension, pay, annuity, or tion with a disability, coormed services. If necestal below.	ecurity Act; payments international or domes allowance paid by the mbat-related injury or	received as stic e United disability, or					
_									_	
_									_	
To	otal amounts	from separate p	ages, if any.			+		+		
11. (Calculate yo	ur total average n add the total fo	monthly income. Add I r Column A to the total t	ines 2 through 10 for e for Column B.	each	\$2,46	9.24	+	= \$2,469.24 Total average monthly income	
Part	2: Detern	nine How to M	leasure Your Deduc	tions from Incom	e				•	
40.4	2	. (- 1	di balan ana faran Bara							
12. (copy your to	otal average mon	thly income from line	11			•••		<u>\$2,469.24</u>	
13. (Calculate the	e marital adjustm	nent. Check one:							
$ \sqrt{} $	You are not	married. Fill in 0	below.							
	You are ma	rried and your sp	ouse is filing with you. F	fill in 0 below.						
	You are ma	rried and your sp	ouse is not filing with yo	ou.						
		dents, such as pa	me listed in line 11, Col yment of the spouse's t							
		cify the basis for education displays the basis of a second contract of the basis of the basis of the basis of the basis for the	excluding this income a separate page.	nd the amount of inco	me devoted to	each purpose. I	f necessa	ary, list		
	If this adjust	tment does not a	oply, enter 0 below.							
					- +-					
	Total					\$0.00	Copy I	here. \rightarrow	\$0.00	
14. `	Your current	monthly income	e. Subtract the total in li	ne 13 from line 12.					\$2,469.24	

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Debtor 1	Esmirna	Christina	Hondoy	Case number (if known) 25-12126	
	First Name	Middle Name	Last Name		
15. Calculate	your current mont	hly income for the yea	r. Follow these step	os:	
15a. Cop	y line 14 here \longrightarrow			\$2,46	9.24
Multi	ply line 15a by 12 (the number of months	in a year).	x 12	
15b. The	result is your curre	ent monthly income for t	he year for this par	t of the form	0.88
16 Calculate	the median family	income that applies to	vou. Follow these	stens:	
	n the state in which		your onow mood	Pennsylvania	
		ople in your household		1	
16c. Fill i	n the median family	y income for your state	and size of househ	old \$67,67	6.00
		le median income amo		g the link specified in the separate kruptcy clerk's office.	
17. How do th	e lines compare?				
_{17a.} 🗹	Line 15b is less th	nan or equal to line 16c	. On the top of page	e 1 of this form, check box 1, Disposable income is not determined under 11	
	U.S.C. § 1325(b)((3). Go to Part 3. Do NO	OT fill out <i>Calculatio</i>	on of Your Disposable Income (Official Form 122C–2).	
17b. 🖵	1325(b)(3). Go to		ulation of Your Dis	form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § sposable Income (Official Form 122C–2). On line 39 of that form, copy your	
Part 3: Calc	ulate Your Com	mitment Period Un	der 11 U.S.C. §	1325(b)(4)	
18. Copy you	r total average mo	nthly income from line	11	\$2,46	9.24
calculating				ouse is not filing with you, and you contend that you to deduct part of your spouse's income, copy the	
19a. If the r	narital adjustment	does not apply, fill in 0	on line 19a	\$	0.00
19b. Subtra	act line 19a from lii	ne 18.		\$2,469	9.24
20. Calculate	your current mont	hly income for the yea	r. Follow these step	DS.	
20a Cony lii	ne 19h			\$2,46	0 24
		r of months in a year).		x 12	<u> 3.24</u>
Waltiply	by 12 (the nambe	or months in a year).		X 12	
20b. The res	ult is your current i	monthly income for the	year for this part of	the form. \$29,630	0.88
20c. Copy th	e median family in	come for your state and	d size of household	from line 16c	6.00
21. How do th	e lines compare?				
		Oc. Unless otherwise of 3 years. Go to Part 4.	rdered by the court,	on the top of page 1 of this form, check box 3,	
		qual to line 20c. Unless nent period is 5 years. O		by the court, on the top of page 1 of this form,	
Part 4: Sign	Below				
By signing	nere, under penalty	of perjury I declare that	at the information o	n this statement and in any attachments is true and correct.	
Y					
_	Esmirna Christ	ina Hondoy			
Sigr	nature of Debtor 1				
Date	e 06/11/2025 MM/ DD/ YYYY				
•	•	ll out or file Form 122C		e 39 of that form, copy your current monthly income from line 14 above.	